



Manual: Reimbursement Policy

Policy Title: **Robotic Assisted Surgery**

Section: Surgery

Subsection: None

Date of Origin: 4/7/2008

Policy Number: RPM006

Last Updated: 1/4/2021

Last Reviewed: 1/13/2021

Scope

This policy applies to all Commercial medical plans.

Reimbursement Guidelines

Moda Health does not provide additional reimbursement based upon the type of instruments, technique or approach used in a procedure. Such matters are left to the discretion of the surgeon. No additional professional or technical (facility) reimbursement will be made when a surgical procedure is performed using robotic assistance or robotic surgical devices (including but not limited to the da Vinci® Surgical System or the ZEUS™ Robotic Surgical System).

Reimbursement for procedures in which a robotic surgical system is used will be based on the contracted rate or maximum plan allowance (MPA) for the base procedure.

- Separate reimbursement is not allowed for the robotic surgical technique, whether reported under S2900, an unlisted procedure code, or another code. The line item will be denied entirely.
- If the surgical procedure itself is reported with an unlisted code due to the use of a robotic surgical system, the unlisted code will be manually priced based on the contracted fee or MPA for the listed procedure code for the base surgical procedure.
- Additional reimbursement will not be approved for use of modifier 22.
- Separate reimbursement is not allowed for the robotic surgical device as a “surgical assistant” or an “assistant surgeon” with modifier -80, -81, -82, or -AS.
- When facility surgical charges are identified as excessive as compared with charges for the equivalent non-robotic surgeries, Moda Health applies a 50% reduction in the time-based anesthesia and operative charges. This is in addition to the denial of any line item that is specific to the robotic surgical technique (e.g. S2900, etc.)

Moda Health does not provide additional reimbursement to hospitals, surgery centers and facilities for the use of a robotic surgical device or other specialized operating room equipment. These items are a capital equipment expense for the facility, and are not separately billable to the insurance carrier. Reimbursement for the use of such equipment is included in the Operating Room charges under

revenue code 0360 or the facility fee for the base surgical procedure for ASC claims. Supplies related to the use of the robot are also disallowed.

Example A: A provider performs a laparoscopic prostatectomy with robotic assistance. The physician bills for the services 55866 (laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing), with the add-on code S2900 (indicating robotic assistance). Payment will be made only for the base procedure 55866.

Example B: A provider performs a laparoscopic prostatectomy with robotic assistance. The physician bills for the services using 55899 (unlisted procedure, male genital system). The description supplied for the unlisted code is laparoscopic radical retropubic prostatectomy, using da Vinci surgical system. 55899 will be manually priced based on the allowance for listed base procedure 55866.

Codes and Definitions

Code	Code Definition
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure).

Coding Guidelines

Use of Modifier 22 is not appropriate if the sole use of the modifier is to report and bill for the use of robotic assistance. Modifier 22 may be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of the robotic assistance system.

It is not appropriate to report the use of a robotic surgical device as a “surgical assistant” or an “assistant surgeon” with modifier -80, -81, -82, or –AS.

Cross References

- A. “Modifier 22 – Increased Procedural Services”, Moda Health Reimbursement Policy number RPM 007.
- B. “Modifiers 80, 81, 82, and AS - Assistant At Surgery.” Moda Health Reimbursement Policy Manual, RPM013.

References & Resources

1. *Robotic Assisted Surgery, Updated Final Evidence Report*. Center for Evidence-based Policy, Oregon Health & Science University. May 3, 2012. 20 December 2012, http://www.hta.hca.wa.gov/documents/ras_corrected_final_report_050312.pdf.

2. Mamula, Kris B. *Study: Robot-assisted Surgery Costs More*. Pittsburgh Business Times, May 23, 2012. 20 December 2012, <http://www.bizjournals.com/pittsburgh/news/2012/05/23/robot-assisted-surgery-costs-higher.html?page=all> .
3. Kilgore, Christine. *Robotic Hysterectomy Takes Off, Causing Concern*. OB.Gyn.News. December 1, 2011. 20 December 2012, [http://www.obgynnews.com/index.php?id=11146&cHash=071010&tx_ttnews\[tt_news\]=119904](http://www.obgynnews.com/index.php?id=11146&cHash=071010&tx_ttnews[tt_news]=119904) .

Background Information

Robotic-assisted surgery refers to a technology used to assist the surgeon in controlling the surgical technique. The surgeon generally views the operative field via a terminal and manipulates robotic surgical instruments via a control panel. Views of the surgical site are transmitted from tiny cameras inserted into the body. The use of computers and robotics is intended to enhance dexterity to facilitate micro-scale operations. However, research indicates the surgical and anesthesia times are typically longer, often by 50% or more, when robotic procedures are employed, yet the added cost is without documented clinical benefit.

Robotic-assisted surgical devices have been proposed for various types of surgery, including, but not limited to:

- Cardiac
- Gastrointestinal
- Gynecology
- Maxillofacial
- Neurosurgery
- Ophthalmology
- Orthopedic
- Urology

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document Moda Health's payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Moda Health Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Providers are expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member's medical benefit plan. Should there be any conflicts between the Moda Health Reimbursement Policy and the member's medical benefit plan, the member's medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and Moda Health Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; Moda Health strives to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****